



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR LICENSURE

COMMITTEE FOR PROFESSIONAL COUNSELORS
3605 MISSOURI BOULEVARD
PO BOX 1335
JEFFERSON CITY, MO 65102-1335

INSTRUCTIONS

PLEASE TYPE OR PRINT IN BLACK INK

1. This application must be typed or printed in black ink and all sections must be completed. **ALL FEES ARE NON-REFUNDABLE.**
2. If additional information space is needed, please attach a separate sheet.
3. Send application and ~~\$150~~ ^{\$100} fee to:

Committee for Professional Counselors
3605 Missouri Boulevard
Post Office Box 1335
Jefferson City, MO 65102-1335

Telephone: (573) 751-0018 (voice mail) **FAX:** (573) 751-0735 **TDD:** 800-735-2966 **EMAIL:** profcounselors@pr.mo.gov

4. Fee: ~~\$150.00 cashier's check, money order, or personal check~~ **\$100 cashier's check, money order, personal check**

5. Pursuant to §620.127, RSMo, disclosure of your social security number (SSN) is mandatory. The committee will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the committee to disclose your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power. The committee can also disclose your SSN to another government agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the committee to provide your SSN to child support and tax compliance officials.

I. GENERAL INFORMATION

I HEREBY APPLY FOR LICENSURE TO PRACTICE AS A PROFESSIONAL COUNSELOR IN THE STATE OF MISSOURI ON THE BASIS OF (CHECK ONE). IF PROVISIONALLY LICENSED, LIST LICENSE NUMBER

☐

EXAMINATION

☐

RECIPROCITY

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)

2. SOCIAL SECURITY NUMBER (REQUIRED)

3. DATE OF BIRTH

4. RACE (VOLUNTARY)

5. GENDER (VOLUNTARY)

☐ MALE

☐ FEMALE

6. MAILING ADDRESS (ACTUAL RESIDENTIAL ADDRESS, STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)

7. HOME TELEPHONE NUMBER

8. INTENDED OR PRESENT WORK ADDRESS (IF DIFFERENT THAN ABOVE)

9. WORK TELEPHONE NUMBER

10. LIST ALL OF THE STATES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A LICENSE/CERTIFICATE TO PRACTICE COUNSELING, PSYCHOLOGY, SOCIAL WORK, OR MARRIAGE AND FAMILY THERAPY IN ORDER OF ATTAINMENT.

STATE	LICENSE/CERTIFICATE NUMBER	ISSUE DATE	CURRENT STATUS

II. EXAMINATION INFORMATION

NATIONAL COUNSELOR EXAMINATION (NCE) TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES ▶	DATE EXAM TAKEN
NATIONALLY CERTIFIED COUNSELOR (NCC)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES ▶	CERTIFICATION NUMBER

NOTE: APPLICANT IS RESPONSIBLE FOR HAVING HIS/HER EXAM SCORE SUBMITTED TO COMMITTEE OFFICE BY THE TESTING SERVICE.

III. REGISTERED POST MASTER S SUPERVISED EXPERIENCE (Begin with the most recent employment, using additional sheets if necessary.)

A. NAME OF EMPLOYER

ADDRESS OF EMPLOYER

SUPERVISOR'S NAME AND ADDRESS (IF DIFFERENT FROM ABOVE)

JOB TITLE

HOURS WORKED/WEEK

B. NAME OF EMPLOYER										
ADDRESS OF EMPLOYER										
SUPERVISOR'S NAME AND ADDRESS (IF DIFFERENT FROM ABOVE)										
JOB TITLE						HOURS WORKED/WEEK				
C. NAME OF EMPLOYER										
ADDRESS OF EMPLOYER										
SUPERVISOR'S NAME AND ADDRESS (IF DIFFERENT FROM ABOVE)										
JOB TITLE						HOURS WORKED/WEEK				
IV. EDUCATIONAL EXPERIENCE <b style="float: right;">OFFICIAL TRANSCRIPTS FOR ALL GRADUATE WORK REQUIRED										
HAS EDUCATION BEEN PREVIOUSLY APPROVED AND ACCEPTED BY THE COMMITTEE?										
<input type="checkbox"/> YES (IF YES, YOU MAY PROCEED TO SECTION V.) <input type="checkbox"/> NO (IF NO, COMPLETE PAGES 2 AND 3.)										
GRADUATE UNIVERSITY ATTENDED						DATES ATTENDED		DEGREE	CONFERRED	
UNIVERSITY/COLLEGE		CITY AND STATE				FROM			TO	
						MON	YR		MON	YR
A.										
B.										
C.										
PRACTICUM/INTERNSHIP										
FROM		TO		SITE NAME						
MON	YEAR	MON	YEAR							
				SITE ADDRESS						
HOURS WORKED PER WEEK		▶		DIRECTOR OF PROGRAM						
HOURS OF ONE TO ONE SUPERVISION PER WEEK		▶		APPROXIMATE PERCENTAGE OF TIME PROVIDING COUNSELING, IF NONE, PLEASE LIST DUTIES BELOW.						
TOTAL NUMBER OF HOURS IN PRACTICUM		▶		<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>						
FROM		TO		SITE NAME						
MON	YEAR	MON	YEAR							
				SITE ADDRESS						
HOURS WORKED PER WEEK		▶		DIRECTOR OF PROGRAM						
HOURS OF ONE TO ONE SUPERVISION PER WEEK		▶		APPROXIMATE PERCENTAGE OF TIME PROVIDING COUNSELING, IF NONE, PLEASE LIST DUTIES BELOW.						
TOTAL NUMBER OF HOURS IN PRACTICUM		▶		<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>						

LIST CORE COURSES TAKEN FOR GRADUATE CREDIT. (OFFICIAL COPIES OF ALL GRADUATE DEGREE TRANSCRIPTS MUST BE SENT TO COMMITTEE OFFICE.)

COURSE NO.	COLLEGE/UNIVERSITY	TITLE OF COURSE	CREDIT HOURS	DATE TAKEN
A. COUNSELING THEORY (MINIMUM OF 3 HOURS GRADUATE CREDIT REQUIRED)				
B. HUMAN GROWTH AND DEVELOPMENT (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)				
C. SOCIAL AND CULTURAL FOUNDATIONS (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)				
D. THE HELPING RELATIONSHIP (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)				
E. GROUP COUNSELING (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)				
F. LIFESTYLE AND CAREER DEVELOPMENT (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)				
G. APPRAISAL (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)				
H. RESEARCH METHODS (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)				
I. PROFESSIONAL ORIENTATION (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)				
J. DIAGNOSIS (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)				
K. PRACTICUM/INTERNSHIP/FIELD STUDY (MINIMUM 6 HOURS GRADUATE CREDIT REQUIRED)			MUST APPEAR ON TRANSCRIPT	

V. APPLICANT HISTORY

Please answer the following questions (Yes answers must be explained in writing)

YES NO

1. Have you, or any license or right to practice held by you, been restricted, disciplined, such a disciplinary action to include, but not be limited to, revocation, suspension, probation, censure, or reprimand, whether voluntarily agreed to or not, by any US state, territory, federal agency, Canadian province or foreign country? ☐ YES ☐ NO
2. Have you ever taken an examination or been licensed by another professional licensing board? If yes, please list the board name, state, and license number. ☐ YES ☐ NO
3. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold? ☐ YES ☐ NO
4. Have you ever been arrested, charged, subject to prosecution, indicted, found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States whether or not sentence was imposed? If "yes", are you currently on probation? ☐ YES ☐ NO
5. Have you been charged with or convicted of a violation of any federal or state drug laws or rules whether or not sentence was imposed or suspended? ☐ YES ☐ NO
6. Are you now or have you in the last five years been addicted to any drug or chemical substance including alcohol? ☐ YES ☐ NO
7. Have you had a judgment rendered against you based upon fraud, misrepresentation, or deception related to your practice as a professional counselor? ☐ YES ☐ NO
8. Have you ever been named as a defendant in a civil suit related to counseling? ☐ YES ☐ NO

Pursuant to Section 324.010 RSMo:

☐ CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

Information relating to state income tax compliance should be directed
to the Department of Revenue at 573-751-7200
or e-mail income@dor.mo.gov.

VI. STATEMENT OF APPLICANT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice as a professional counselor in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration this application for licensure as required by the Missouri law governing the practice of professional counseling and subject to the regulations of the Missouri Committee for Professional Counselors. I subscribe and agree to abide by all applicable laws and regulations regarding the practice of professional counseling. I hereby certify that I have familiarized myself with sections 337.500-337.540 RSMo, and applicable regulations promulgated by the Missouri Committee of Professional Counselors.

Enclosed is the application fee which is not refundable. I understand that the Committee may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

MUST BE SIGNED IN PRESENCE OF NOTARY

APPLICANT SIGNATURE



NOTARY PUBLIC EMBOSSE OR
BLACK INK RUBBER STAMP SEAL

STATE OF

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

FOR OFFICIAL USE ONLY